

## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. IND. IND. DEP. IND. DEP. DEP. DEP. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS